



Republic of the Philippines  
**Department of Education**  
NATIONAL CAPITAL REGION  
SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

**Office of the Schools Division  
Superintendent**

AUG 16 2024

**MEMORANDUM**

**MUNTINLUPA CITY COUNCIL  
OFFICIAL PARTICIPANTS TO THE  
REGIONAL TROOP AND CAMPING COURSE**

To: Assistant Schools Division Superintendent  
Chief Education Supervisor, Curriculum Implementation Division  
OIC-Chief Education Supervisor, School Governance and Operations Division  
Public Elementary and Secondary School Heads/OICs  
All Others Concerned

1. Attached is Council Memorandum No. 11, s. 2024, from Mr. Jay Ar B. Chua, Council Scout Executive, Muntinlupa City Council, dated August 15, 2024, on the above-captioned title, the contents of which are self-explanatory, for the information and guidance of all concerned.
2. Relative to this, strict compliance with DepEd Order Nos. 43 and 46, s. 2022 on travel policy and guidelines must be observed.
3. Moreover, the participation of public schools shall be subject to the no disruption of classes policy stipulated in DepEd Order No. 9, s. 2005 titled, Instituting Measures to Increase Engaged Time-on-Task and Ensuring Compliance Therewith.
4. Immediate and wide dissemination of this Memorandum is desired.

  
**VIOLETA M. GONZALES**

Assistant Schools Division Superintendent  
Officer-In-Charge  
Office of the Schools Division Superintendent

Enclosure: As stated  
References: None  
To be indicated in the Perpetual Index  
under the following subjects:  
SCOUTING

KSJT / OFFICIAL PARTICIPANTS TO THE REGIONAL TROOP AND CAMPING COURSE

**282** / AUGUST 16, 2024

UN-2024-282



 Student Center for Life Skills Bldg., Centennial Ave, Brgy Tunasan,  
Muntinlupa City

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# Boy Scouts of the Philippines Muntinlupa City Council

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Muntinlupa City  
CP No. 0999-3328860

email address: muntinlupacitycouncil.bsp@gmail.com



August 15, 2024

RECEIVED  
CITY OF MUNTINLUPA  
Received IRIS RAYOS  
Date 8/15/24  
Time 11:11AM

**COUNCIL MEMORANDUM  
NO. 11 s. 2024**

**TO :** Division Scout Coordinator, District Scout Commissioners,  
District Scout Coordinators, Institutional Scout Representa-  
tives, Coordinators, All Unit Leaders & Assistants of all BSP  
sections

**SUBJECT :** OFFICIAL PARTICIPANTS TO THE REGIONAL TROOP  
CAMPING COURSE

01. We are pleased to announce the Official Participants to the Regional Troop Camping Course on August 20 to 25, 2024 at Collado Farm, Sitio Piri, Brgy. Sta. Lucia, Angat, Bulacan, are as follows:

No.	Name	School
1	ROGELIO CABANTING	PEDHS
2	AZER NAVARRO	PEDHS
3	ELMA DAPULAZA	MSHS
4	REYNANTE ESPELETA	LIS
5	JAMES GAVIOLA	LIS
6	ALCER KENN RONGAVILLA	MBHS-SA
7	JONATHAN DELA CRUZ	POBES
8	ARIES PADUA	MBHS MAIN
9	JOEY PABOR	VHES
10	ABDEL A. HEK	BES MAIN

02. For information, guidance, and widest dissemination.

**JAY AR CHUA, WBH**  
Council Scout Executive

**VIOLETA M. GONZALES**  
Assistant Schools Division Superintendent  
Officer-In-Charge  
Office of the Schools Division Superintendent

*C. Rongavilla*  
**CARMELITA C. RONGAVILLA, LT**  
Council 1<sup>st</sup> Vice Chairperson

CORRECTED COPY FOR REF. NO.  
AUG-2024 - 368



# BOY SCOUTS OF THE PHILIPPINES

National Capital Regional Coordination Office - Baden Powell Building, J.P. Rizal Extension, West Rembo, Taguig City  
8441-8153  
ncrcol@scouts.gov.ph  
www.scouts.gov.ph

"Laging Handa"

05 August 2024

## REGIONAL OFFICE MEMORANDUM No. 18 Series of 2024

**TO :** ALL COUNCIL SCOUT EXECUTIVES AND OFFICERS-IN-CHARGE  
COUNCIL SCOUT COMMISSIONERS AND COUNCIL CHAIRPERSONS

**SUBJECT :** REGIONAL TROOP CAMPING COURSE

1. The National Capital Region Coordination Office is pleased to announce the conduct of the **Regional Troop Camping Course** on **August 20 – 25, 2024** at Collado Farm, Sitio Piri, Brgy. Sta. Lucia, Angat, Bulacan, which will be hosted by the **Caloocan City Council, BSP**.
2. **Course Description.** Troop Camping Course is a **Specialization Course for Unit Leaders** where the Outdoor Program is placed at the center of its educational activities geared toward Scout Advancement and holistic development of Scouts anchored on the principles of "learning by doing, learning through play, learning through service, symbolic framework and the patrol system". The course is specifically designed for Troop Leaders and Outfit Advisors who have completed their Advanced (Wood Badge) Training Course and are willing to learn more about the Outfit/Troop Outdoor Program
3. **Background and Rationale.** The Outfit/Troop is the basic unit of Scouting. It is an avenue where the Patrol/Crew interacts together and create a meaningful group life experience based on a series of progressive objectives and activities guided by the Scout Oath and Law. This learning framework is expressed in the educational elements of the Scout Method.

The Outdoor Program is of vital importance in the youth development thrust of the Boy Scouts of the Philippines primarily because of Skills and Self-Reliance, Care for Nature and Environment, Developing Leadership and Independence. Hence, the Troop Camping Specialization Course is of paramount significance in promoting and capacitating our Leaders with necessary competencies that will create relevant and meaningful outdoor program for the Troop and the Outfit.

4. **Course Aim and Objectives.** The course aims to offer a progressive, exciting, challenging and safe learning environment for Troop Leaders and Outfit Advisors to enhance their outdoor program leadership competencies towards a meaningful and successful Troop/Outfit Outdoor Program. It further seeks to provide opportunities to practice leadership, campcraft, woodcraft, aquatic skills that promotes active and healthy lifestyle in the Troop/Outfit.

### **At the end of the Course, the participants should be able to:**

1. Explain why Outdoor Program plays a vital role in the overall success of Scouting activities in the Troop/Outfit;
2. Develop planning skills as Outdoor Program Specialist for Troop and Outfit;
3. Exercise safety precautionary measures and risk assessment and management systems for the Troop/Outfit Outdoor Program of Activities;
4. Practice campcraft, woodcraft, aquatics and physical fitness activities in Outdoor Program;
5. Plan and design safe, exciting, and relevant Troop/Outfit Outdoor Program of activities;
6. Promote Scout Advancement and Skills for Self-Reliance through; and
7. Develop commitment toward self-improvement to deliver quality Scouting program for more young people.

5. **Course Registration Fee.** Each participant will be charged with **Six Thousand Five Hundred Pesos (Php. 6,500.00)** to cover the cost of full meals, general programme and course materials, camp facilities, souvenirs and other administrative expenses of the course. Training expenses incurred for this course may be charged against MOOE, SEF, and other appropriate local funds subject to its availability, approval and the usual government accounting and auditing procedures, rules and regulations.
6. **Mode of Payment.** Payment shall be made thru Bank Deposit ONLY, upon the approval and confirmation of participation. There will be NO Cash Registration on site. The Bank details of the Host Council are as follows:
 

a. Host Council	<b>Caloocan City Council, BSP</b>
b. Bank Name	<b>Landbank of the Philippines</b>
c. Branch	<b>Landbank Grace Park Extension Branch</b>
d. Account Name	<b>Boy Scouts of the Philippine Caloocan City Council</b>
e. Account Number	<b>2911-0773-80</b>
f. Deadline of Payment	<b>15 August 2024</b>

**Clear Scanned Copy of the Deposit Slips** as proof of payment of the Course Registration Fee must be send to the host Council via email at [scoutsofcaloocan07@gmail.com](mailto:scoutsofcaloocan07@gmail.com) copy to [ncrco@scouts.gov.ph](mailto:ncrco@scouts.gov.ph) for the preparation and issuance of the Official Receipts or appropriate Cash Invoice.

7. **Qualification and Target Participants.** Each **Local Council** is expected to send at least **Five (5) Scout Leaders** preferably **3 Troop Leaders** and **2 Outfit Advisors**, mixed of both Male and Female Unit Leaders with an active Troop or Outfit Units. The minimum qualification to attend the Troop Camping Course is at least a **Wood Badge Holder** with at least 2 - 3 years' experience as Unit Leader. The slots of Councils who failed to send 5 participants will be given to other Councils who would like to send more participants to the Troop Camping Course.
8. Participants from Local Councils outside of National Capital Region are required to submit their letter of intent, expressing why they want to participate in this course together with endorsement letter duly signed by the Council Scout Executive and the Youth Development Officer V of their Regional Coordination Office.
9. The Regional Office reserves the right to approved and disapproved nominations and endorsement for participation within the grounds of Safe from Harm related issues, validity of membership registration and endorsement of the Council Program and Training Commissioners, respectively and the Council Scout Executive.
10. **Arrival and Departure.** Participants are expected to be at the Course Venue not later than **05:00PM on August 19, 2024** and my leave the Camp immediately after Closing Ceremony on **02:00PM on August 25, 2024**. Meals will be served starting Dinner of August 19 up to Lunch of August 25, 2024.
11. **Course Attire:** All Staff and Participants are expected to wear the Official Type – A Scout Uniform, Unit Leader's Neckerchief, Wood Badge Scarf, Beads and Woogle;
  - a. Male Troop Leaders – Short Pants, Knee-High Socks with Green Garter Tabs
  - b. Female Troop Leaders – Short Pants with Flap on Side Pockets, Knee-High Socks with Green Garter Tabs
  - c. Male Outfit Advisors – Short Pants, Knee-High Socks with Red Garter Tabs
  - d. Female Outfit Advisors – Short Pants with Flap on Side Pockets, Knee-High Socks with Green Garter Tabs
  - e. Smart-Casual Attire for the Socials Programme
  - f. Appropriate Swimming Attire for Water Safety and Aquatics exercises
  - g. Appropriate Clothing for Hiking and other Outdoor Activities

- h. Type B Scout Uniform for other outdoor activities for more comfortable clothing during training proper is highly recommended.

12. **Things to Bring.** Each participant is expected to bring the following:

- a. Personal Camping Gears
  - 1. Tent, Sleeping Bag
  - 2. Orienteering Compass
  - 3. Scout Knife or Swiss Knife
  - 4. Hunting Knife or Bolo
  - 5. Match Box or Lighter
  - 6. First Aid Kit
  - 7. Personal Medication as necessary
  - 8. 3 meters laminated sack
  - 9. 3 meters sash cord rope or utility rope
  - 10. Head Lamp or Flash Light
  - 11. Rain Coat or Poncho
- b. Eating Utensils
  - i. Plates, Spoon and Fork
  - ii. Coffee/Tea Cup
  - iii. Aquaflask or Nalgene Water Canisters

13. Enclosed herewith are the following forms for your easy reference:

- a. Individual Application Form
- b. Reply Slip by Council
- c. Medical Certificate Form


14. Should you have further queries and clarifications, please feel free to send us your feedback via email at [ncrco@scouts.gov.ph](mailto:ncrco@scouts.gov.ph) and [yaz@scouts.gov.ph](mailto:yaz@scouts.gov.ph) or via landline at 8441-8153

15. Your preferential attention and appropriate action are highly appreciated.

16. For your information, guidance and widest dissemination.

  
**YASSER F. SARONA**  
Youth Development Officer V  
Regional Coordination Office BSP-NCR

  
**MARK ROY L. BOADO**  
Regional Chairperson  
Regional Scout Committee BSP-NCR

  
**JOCELYN DR. ANDAYA**  
Director IV, DepEd NCR  
Regional Scout Commissioner, BSP-NCR

Boy Scouts of the Philippines  
**NATIONAL CAPITAL REGION**  
 Taguig City

**INDIVIDUAL APPLICATION TO ATTEND TROOP CAMPING COURSE**

20 – 25 August 2024 • Collado Farm, Angat, Bulacan

All Print: \_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name)  
 Council: \_\_\_\_\_ Region: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
 Civil Status: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Contact No: Landline: \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Educational Attainment: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Position: \_\_\_\_\_  
 Unit No. \_\_\_\_\_ District \_\_\_\_\_ Scouting Position: \_\_\_\_\_  
 BTC No.: \_\_\_\_\_ ATC No. \_\_\_\_\_ CALT/CML No. \_\_\_\_\_ CLT/CMT No. \_\_\_\_\_  
 Honorable Charge / Appointment: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
 Section: Langkay: \_\_\_\_\_ Kawan: \_\_\_\_\_ Troop: \_\_\_\_\_ Outfit: \_\_\_\_\_ Circle: \_\_\_\_\_ LOA: \_\_\_\_\_

**Council/Region/National Trainings and Seminars Attended (Title, Dates and Venue)**


**Assistance in Training Courses (SOCs, BTCs, ATCs)**


**Field of Interests in Scouting**

<input type="checkbox"/> Camping	<input type="checkbox"/> Nature Study	<input type="checkbox"/> Basic Life Support	<input type="checkbox"/> Environment Conservation
<input type="checkbox"/> Hiking	<input type="checkbox"/> Orienteering	<input type="checkbox"/> First Aid	<input type="checkbox"/> Mental Health & Well-being
<input type="checkbox"/> Swimming	<input type="checkbox"/> Morse Code	<input type="checkbox"/> Ropemanship	<input type="checkbox"/> Diversity & Inclusion
<input type="checkbox"/> Pioneering	<input type="checkbox"/> Team Building	<input type="checkbox"/> Songs & Games	<input type="checkbox"/> Religious Activities
<input type="checkbox"/> Rappelling	<input type="checkbox"/> Canoeing/Rowing	<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Scouts for SDGs
<input type="checkbox"/> Photography	<input type="checkbox"/> Counseling	<input type="checkbox"/> Performing Arts	<input type="checkbox"/> Safe from Harm
<input type="checkbox"/> Obstacle Courses	<input type="checkbox"/> Mountaineering	<input type="checkbox"/> Outdoor Activities	<input type="checkbox"/> Community Service

**NOMINATION AND ENDORSEMENT**

The undersigned hereby endorsed and approved the participation of the above-named Scout Leader to the Troop Camping Course, in the expectation that he/she will actively participate in the Course and help contribute to the promotion and development of Outdoor Program in Scouting anchored on the Scout Advancement, Skills for Self-Reliance, Service to the Community and the Protection and Conservation of Environment.

We further reaffirm and guarantee that he/she is currently registered and serving as an active Unit Leader in the Council and will abide by the existing BSP Outdoor Policy and Standards, especially those related to "Safeguarding the Health and Well-Being" of Scouts and Leaders in the Council. That his/her Action Plan in this Troop Camping Course shall be submitted to our respective offices for appropriate action and implementation, particularly in the field of Advancement and Activities and Leader Training for Adults in Scouting in our Local Council.

**Nominated by:**

**Endorsed by**

\_\_\_\_\_  
**Council Program/Training Commissioner**  
 Signature over Printed Name  
 Date: \_\_\_\_\_

\_\_\_\_\_  
**Council Scout Executive / OIC**  
 Signature over Printed Name  
 Date: \_\_\_\_\_

**TROOP CAMPING SPECIALIZATION COURSE**  
20 – 25 August 2024 • Collado Farm Angat, Bulacan

**HEALTH AND MEDICAL EXAMINATION RECORD**

This health and medical record, including limitations indicated, is valid for participation in the Scouting Program for one year date of physician's examination subject to recertification in camp and when required for special events.

Please fill out completely

**HEALTH HISTORY**

Have or subject to (check if yes):

<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Palpitation	<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Nervousness	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Headache	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Frequent Cough	<input type="checkbox"/> Easy Fatigue	<input type="checkbox"/> Frequent Fever
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Others _____			

Describe: \_\_\_\_\_

Have or subject to trouble with (check if yes):

<input type="checkbox"/> Eye, Ear, Nose, Throat	<input type="checkbox"/> Hernia	<input type="checkbox"/> Allergy	<input type="checkbox"/> Measles	YEAR _____
<input type="checkbox"/> Recurrent Diarrhea	<input type="checkbox"/> Heart	<input type="checkbox"/> Lungs	<input type="checkbox"/> Mumps	_____
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Kidney	<input type="checkbox"/> Malaria	<input type="checkbox"/> Chicken Pox	_____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Whooping Cough			_____

Any condition now requiring regular medication? \_\_\_\_\_

Any restriction of activity for medical reasons? \_\_\_\_\_

Explain \_\_\_\_\_

<b>IMMUNIZATION</b>	Date of last inoculation		Date of last inoculation
Smallpox	_____	Polio (Short or Oral)	_____
Diphtheria	_____	Others	_____
Tetanus Toxoid	_____		

If applicant is under 21 years of age:

In the event of illness or injury occurring to my son/daughter during his/her attendance at the Training, I do hereby consent to advance to whatever medical or surgical diagnostic procedure or treatment is considered necessary in the best judgement of the attending physician and performed by or under the supervision of a member of the medical staff furnishing medical services. I understand that, in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Applicant Parent or Guardian

**MEDICAL EXAMINATIONS**

**TO THE PHYSICIAN:** Your careful examination and written recommendation will encourage personal fitness and safe participation in strenuous outdoor activities. Review health history. If incomplete, please ask that this essential information be provided for your use.

**PHYSICAL FINDINGS**

Normal		Abnormal	Explanation if abnormal
<input type="checkbox"/>	Eyes	<input type="checkbox"/>	_____
<input type="checkbox"/>	Vision	<input type="checkbox"/>	_____
<input type="checkbox"/>	Ears	<input type="checkbox"/>	_____
<input type="checkbox"/>	Nose	<input type="checkbox"/>	_____
<input type="checkbox"/>	Throat	<input type="checkbox"/>	_____
<input type="checkbox"/>	Teeth	<input type="checkbox"/>	_____
<input type="checkbox"/>	Lungs	<input type="checkbox"/>	_____
<input type="checkbox"/>	Heart	<input type="checkbox"/>	_____
<input type="checkbox"/>	Blood Pressure	<input type="checkbox"/>	_____
<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	_____
<input type="checkbox"/>	Hernia	<input type="checkbox"/>	_____
<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	_____
<input type="checkbox"/>	Extremities	<input type="checkbox"/>	_____
<input type="checkbox"/>	Posture (Spine)	<input type="checkbox"/>	_____
<input type="checkbox"/>	Skin	<input type="checkbox"/>	_____
<input type="checkbox"/>	Urinalysis	<input type="checkbox"/>	_____
<input type="checkbox"/>	Emotional Stability	<input type="checkbox"/>	_____

<b>IMMUNIZATION</b> (See history)	(Check One)	Date Given
Smallpox	<input type="checkbox"/> OK	<input type="checkbox"/> Needed _____
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/> Needed _____
Tetanus Toxoid	<input type="checkbox"/>	<input type="checkbox"/> Needed _____
Polio	<input type="checkbox"/>	<input type="checkbox"/> Needed _____
Cholera / Dysentery / Typhoid	<input type="checkbox"/>	<input type="checkbox"/> Needed _____

I certify that I have reviewed the health history and examined this person and find him physically fit to participate in:  
 Camping & Hiking     Water Sports     Competitive Sports

Recommendations and/or restrictions (if none, so state): \_\_\_\_\_

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
Examinee Physician and License No.

